

STATE QUALITY IMPROVEMENT COUNCIL
MINUTES, May 4, 2005

Type of Meeting:	State Quality Improvement Council	Date:	May 4, 2005
Place:	Sacramento	Starting Time:	10:00 A.M.
Facilitator:	Penny Knapp, M.D. and Carol Hood, Deputy Director	Ending Time:	12:00 P.M.
Members Present:	Penny Knapp, Carol Hood, Joyce Ott-Havener, Beverly Abbott, Mark Refowitz, Rollin Ives, Rachell Guererro, Ann Arneill-Py, Ed Walker, Steve Leoni		
DMH Support:	Marilynn Bonin, Sara-Jane Gilb,		
Other Attendees:	Dan Brzovic, Liz Freitas, Nancy Callahan		
Agenda Item & Presenter	Factors Considered	Recommended Action	Scheduled Tasks
Introduction, Updates, Housekeeping Items Penny Knapp	Dr. Penny Knapp asked members and other attendees to introduce themselves. She reminded the Council the meeting would adjourn at noon so they could attend the Mental Health Services Act (MHSA) Workgroup on Performance Measurement.		
DMH Presents Proposed Agenda Penny Knapp	The agenda was adopted as presented.		
Minutes from Previous Meeting Penny Knapp	Marilynn Bonin announced the minutes from the November 3, 2004 meeting are not available since the meeting notes were lost in a DMH personnel move		If the notes are located, DMH/SQIC staff will do minutes for the last meeting.
DMH Staff Report Carol Hood	Deputy Director Carol Hood announced CMS had approved the Medi-Cal Managed Mental Health Consolidation Waiver for two years with a relatively limited number of Terms and Conditions. MHSA Planning and the Stakeholder process continue at a rapid pace.		
Mental Health Planning Council Report Ann Arneill-Py	Ann Arneill-Py, Executive Officer of the California Mental Health Planning Council, presented the final draft of the document, "Partnerships for Quality: California's Statewide Quality Improvement System." The purpose of the paper was to describe and inventory the roles and responsibilities of the many groups that are involved in quality		

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	<p>improvement in the public mental health system. The MHSA and the MHSA Oversight and Accountability Commission (OAC) were not included in the paper.</p> <p>Members were generally surprised by the number and broad-based nature of all the groups shown in the “Partnerships” Organization Chart. Members all agreed the potential for duplication and overlap is significant – especially since many of the groups generate their own performance measurement data. The demand on county mental health is significant and data generally doesn’t find its way back to the local level in a manner that is useful.</p> <p>Members commented that much attention has been focused on MHSA recently. However, the SQIC is critical to on-going approval of the federal waiver and Medi-Cal, a significant source of funds, must be protected as necessary. That may mean breathing life back into the SQIC and its workgroups and deciding if 3 meetings a year is adequate for such an important function. Moreover, the advent of MHSA probably means another layer of evaluation could be added. We need to rationalize and simplify our system while protecting fund sources as necessary.</p> <p>Several members felt the IOM framework would fill a unifying role for DMH QI as a whole - a focus for all the various efforts in this area. Some felt the transformative aspects of MHSA would not adequately fit into the IOM framework. Members agreed there should be core data or key indicators reported across all fund sources.</p>	<p>There was general consensus that further discussion of Quality Improvement activities and how to simplify them should be a priority agenda item for the next SQIC meeting. Members also wish to discuss meeting logistics and staff support for the SQIC itself. There needs to be adequate time on the agenda to allow for a thorough discussion of the whole QI issue area.</p>	<p>DMH/SQIC staff will ensure this issue appears on the next meeting agenda and be scheduled so that adequate time can be devoted to a thorough discussion by all members.</p>

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<p>Progress Report 2005: SQIC Performance Measurement Framework Marilynn Bonin Nancy Callahan Sara-Jane Gilb</p>	<p>Ms. Bonin introduced and distributed the 2005 Performance Measurement Indicator data. These data graphs include Medi-Cal claims for the 2002/2003 Fiscal Year (FY). (Presentation attached to minutes.) The indicators primarily address the domains of Structure, Access and Process. Dr. Nancy Callahan presented the data itself. Key findings include but are limited to the following:</p> <ul style="list-style-type: none"> • There is an increase in both Medi-Cal eligibles and clients. Ms. Gilb said the increases are mostly children (not in foster care) and adults (not in families). Members speculated about the impact of slow national economic growth. • Adult penetration rates decreased. • Race/ethnic disparities in access continue to be a concern even given the poor quality of this data. Ms. Gilb mentioned an on-going need for staff training in collecting race/ethnicity data. She expects the data quality will improve in FY 2003/2004 with further improvement in FY 2004/2005 as DHS improves its administration methodology. • Inpatient admissions per client remain stable. This may reflect acute inpatient psychiatric bed capacity in the state as a whole. • There has been a slight increase in rehospitalizations at 180 days following discharge that should be studied further. 	<p>Members requested some changes in data presentation for next year's Progress Report:</p> <ul style="list-style-type: none"> • Provide overall demographic information in order to better understand the Medi-Cal client and eligible data. • Show dates of Inpatient Consolidation on graphs. <p>Members emphasized the necessity of getting this data out to stakeholders and county directors so it can be used. Data should be posted on the web, sent to directors and also to QI Coordinators.</p>	<p>DMH SQIC staff will work with the Contractor and the DMH Webmaster to display this data on the DMH site with the appropriate changes mentioned by members.</p>

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	<ul style="list-style-type: none"> Follow-up within 7 days of discharge remains quite high – 65%. Members suggested this might be an appropriate performance measurement indicator for the EQRO to collect data on in the upcoming FY. Retention rates in outpatient services as measured in the months of October and April for the past 3 years remain high and stable. <p>Outcome measure data continues to be elusive. The administration of MHSIP resulted in stable levels of data collected despite the change in methodology. However, MHSIP is a customer satisfaction measure that is only one kind of desirable outcome data useful to judge performance. It has proven to be of limited use when applied as a QI measure. A Report to the Legislature on this topic will be available soon.</p> <p>Members want this data to be available by county and region and easily available on the DMH website. It should be accompanied by necessary technical information and practical suggestions for how the data can be used. These indicators will be followed closely to determine possible impacts of MHSA-eligible services. Ideally, identical measures would be available using CSI data.</p> <p>Ms. Bonin distributed two papers by Bill Anthony that address Recovery-oriented outcomes measures. Jay Mahler had asked these papers be shared and some of the concepts considered for adapting performance Measurement indicators.</p>	<p>Members expressed interest in receiving a copy of the report when it is available.</p>	<p>DMH/SQIC staff will distribute the Report when it is released.</p>

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Overview: External Quality Review Organization (EQRO) Medi-Cal Activities Mike Reiter APS Healthcare	Mike Reiter of APS Healthcare provided an overview of the EQRO's activities in the last year: <ul style="list-style-type: none"> • They are presently completing their 48th MHP review. • They have worked at the state level to replicate Medi-Cal claims data and at the local level to check claims to services. • They provide technical assistance on Performance Improvement Projects and conduct on-site focus groups and key informant interviews • He noted a somewhat consistent communication gap between QI and IT at the local level. • They meet with the local Cultural Competence contact and have collected some data on the Latino Access Quality Study. • Reports back to the county have been late. He hopes all reports will be out by May 31st. 		
Evaluate Meeting, Set Next Meeting Date Penny Knapp	<p>Some members expressed concern that the SQIC was not meeting frequently enough to positively impact quality of services. Meetings should be more frequent and more data-focused. The SQIC Workgroups should be re-invigorated.</p> <p>Mark Refowitz, Steve Leoni and Ed Walker volunteered to be part of an interim workgroup that would meet to discuss ways to re-energize the SQIC before the next meeting is held.</p> <p>Wednesday, September 21st was chosen as the date of the next meeting.</p>		DMH/SQIC staff will make meetings arrangements for a meeting of the full SQIC in September 2005.
Adjourn	There was no additional public comment. Dr.		

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Penny Knapp	Knapp adjourned the meeting at 12:15 p.m.		